CLAIMS ONLY

Application Number	Filing Date
10/695457	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED Indep	AS FILED Depend	AFTER FIRST AMENDMENT Indep	AFTER FIRST AMENDMENT Depend	AFTER SECOND AMENDMENT Indep	AFTER SECOND AMENDMENT Depend
1	1					
2						
3		1				
4		1				
5	1					
6		1				
7		1				
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49						
50						
Total Indep	2					
Total Depend	6					
Total Claims	8					

CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						